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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**RECEIVED**

APR 14 2023 JB

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTJEQUAN SCALES (20210106117)(Enter above the full name
of the plaintiff or plaintiffs in
this action)23cv2423
Judge Gettleman
Magistrate Judge Kim
Randomly Assigned CAT 3
PC 1

vs.

Case No: _____
(To be supplied by the Clerk of this Court)(SHERIFF) THOMAS J. DART(NURSE) JANE DOE(NURSE) JANE DOE, AND (DR. JANE DOE)(OFFICER) JOHN DOE(OFFICER) JOHN DOE(OFFICER) JOHN DOE(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")(All Full Capacity)
(Individual Capacity)**CHECK ONE ONLY:**☒**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)☐ **OTHER** (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 3/30/23

Jequan Scales
Signature of Applicant

JAUAN SCALES
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Jequan Scales, I.D.# 20210106117 has the sum of \$ 324.21 on account to his/her credit at (name of institution) CCDOC.

I further certify that the applicant has the following securities to his/her credit: N/A. I further certify that during the past six months the applicant's average monthly deposit was \$ ~~347~~ 347.16.

(Add all deposits from all sources and then divide by number of months).

4/7/23
DATE

Ms. Dorsey
SIGNATURE OF AUTHORIZED OFFICER

Ms. Dorsey
(Print name)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON SEVERAL DAYS AND OCCASIONS COOK COUNTY JAIL
 OFFICIALS (MEDICAL STAFF AND OFFICERS) FAILED TO
 PROVIDE ME WITH PROTECTION TO MY CONSTITUTIONAL
 RIGHTS - AMENDMENTS 8; CRUEL AND UNUSUAL PUNISHMENT
 WHERE A NURSE REFUSED TO GIVE ME MEDICAL TREATMENT
 FOR A MUCH NEEDED MEDICAL ISSUE, ON MORE THAN ONE
 OCCASION. WHERE A SHERIFF OFFICER FAILED TO REPORT MY
 MEDICAL ISSUE TO A MEDICAL PERSONNEL AFTER I INFORMED
 HIM OF MY CONCERN, FAILED TO REPORT ME BEING ATTACKED,
 FAILED TO PROTECT ME FROM BEING ATTACKED, ALSO FAILS
 UNDER THE 14TH ~~AM~~ AMENDMENT THAT WAS VIOLATED.
 ON 1/2/2022 DURING THE (3-11 SHIFT) I WAS READING MY
 LEGAL WORK AFTER I GOT IT FROM MY LAWYER, ONE
 OF THE DETAINEES WAS READING MY PAPERWORK OVER
 MY SHOULDER AND HAPPEN TO SEE THAT JAWAUN THOMAS
 COUSIN WAS THE VICTIM IN MY CASE AND WENT TO TELL
 JAWAUN THOMAS. JAWAUN THOMAS SPOKE TO ME IN THE
 BATHROOM AREA ASKING WHO WAS IN MY CASE. I TOLD

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him I don't know and what's it to him I had nothing to do with my case, and tried to walk away. Then Jawaun Thomas blindside attacked me hitting me in my eye with a closed fist, then striking me repeatedly hitting me in both eyes causing me to lose consciousness. As I came to, I was being kicked and stomped on my shoulder area causing it being dislocated. I was unable to protect myself and Jawaun Thomas pulled my pants down and spit in my anus (nature to a jailhouse trend of disrespect/humiliation), and put items inside such as a pickle, ketchup, mustard, and when I came to the other detainees on the tier they made harmful threats in regards of me reporting the incident. Officer John Doe⁽¹⁾ saw that I was bleeding and didn't provide me with medical access and failed to intervene. I suffered two black eyes with blood clots around my eyeballs and told the nurse that I was in pain from my eyes and my behind. Jane Doe⁽¹⁾ told me "You need to fill out a request slip." I put in one and was not seen and we were on lockdown for about 24 hours. I talked to another nurse

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Sheriff Tom Dart Legally Responsible
for my safety and failure to protect
me As well Because, He did not
Adequately Hire And Train the
C/O Jonh Doe to do His Job
Sufficiently to protect me from
the Harm that was done to me.
On 1/2/22 I Jequan Scales was
Attacked In Divison 9-10 By
Jawuan THamos. The Jonh Doe C/O
Whom was working the Living
Unit failed to protect me from
further Attack Being hit in the
eye, knocked out, kicked in the
Shoulder, and it being popped out
of place, And being Sexual Violated.
All of this Should of been Recorded
on CCS Video. I did not receive

5.1

Revised 9/2007

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the proper medical treatment
 At the time of the Attack.
 I was Attacked by A family
 member of said, victim of my
 Criminal case And should never
 Been placed of the same living
 Unit As Jawuan Thomas. The C/O
 JOHN DOE FAIL to do His Routine
 Count ON the Unit, Which, Breach
 Him of His duty to protect
 Me from Being Assault BY
 JAWUAN THOMAS especially After
 I told the C/O JOHN DOE¹
 30 min to 20 min EARLY that I
 did not feel safe on that
 Unit BECAUSE, I KNEW JAWUAN
 THOMAS WAS trying to Pick
 A fight With me Before, I WAS
 Assault And I MADE C/O JOHN
 DOE¹ AWARE OF this information.
 I received NO medical treatment
 that DAY not until DAYS later.

5.2

Revised 9/2007

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

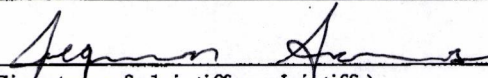
FOR ALL DEFENDANTS TO BE RELIEVED OF THEIR DUTIES,
FOR A INJUNCTION TO BE GRANTED FOR AN PRE-TRIAL
DETAINERS TO RECEIVE MONITORED PROTECTION THROUGHOUT
COOK COUNTY JAIL AND ADEQUATE EXPEDITED MEDICAL TREATMENT,
AND I WANT \$1.5 M FOR COMPENSATION FOR PAIN AND SUFFERING,
PUNITIVE DAMAGES, AND MONETARY DAMAGES.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 30 day of 3, 20 23


 (Signature of plaintiff or plaintiffs)

JEQUAN SCALES
 (Print name)

20210106117
 (I.D. Number)

2700 S California Ave Chicago IL 60608
 (Address)

STATE OF ILLINOIS, CIRCUIT COURT

Cook County

JAVUAN SCALES (#20210106117)

v.

Sheriff Tom DART et al;

1. Motion By: Plaintiff/Petitioner

2. Motion For: Court To Intervene

Here Comes the Plaintiff requesting the Courts To Intervene in Nature of Cook County Jail to release the liable names of staff involved in said incident that brings this Civil matter about. From /on 1-2-2022, 1-3-2022, 1-4-2022, and 1-5-2022 there were 3 security staff involved in said incident that brought this civil matter that worked CCDOC Tier-Division-9-1-0 (Exclude c/o from 1-4-2022), And 2 nurses listed as Jane Doe from 1-2-2022, 1-3-2022, And the 3 officers are listed as John Doe 1-3, in my face sheet.

I have requested help from higher jail officials, Law Library staff, and Social Workers. All staff refused to access their Data system for said names of staff liable/responsible.

March 30, 2023

18/ *Javuan Scales*
2600 S. California
P.O. Box 089002
Chicago, IL 60608

Jequan Scales 20210106117
2700 S. California Ave
Chicago IL 60608
Div 8 2E

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SCREENED
APR 10 2032
US MARSHALS



Clerk of the U.S.
District Court
219 South Dearborn St
Chicago IL 60604



Scales, J-SF